



# Medics Forward

"Any mission, Anywhere!"

Volume 3, Issue 2

Heidelberg, Germany

February 2005



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Photo by Carl E. Burnett, 7th ATSC

**Europe Regional Medical Command conducts a change of responsibility.**

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**Operation Iraqi Freedom & Operation Enduring Freedom as of February 15, 2005**

### Clinical Operations

• OIF patients 19,351

• OEF patients 2,341

### USAMMCE

• Line items 303,000

• DoD customers 931

• \$285 million

## Enforcer video prepares Heidelberg for JCAHO

By Charles Ward  
H-MEDDAC Public Affairs Office

With the biggest inspection Heidelberg hospital faces looming on the horizon, the checklists and planning meetings become long, burdensome, and tedious. Recognizing that staff and administrators alike needed to blow off some steam and "step back" from the demands of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) preparations, 1<sup>st</sup> Lt. Sean Riley, an officer in the hospital's emergency room, put his creative talents to work in December and created the JCAHO Enforcer video. The star of the video is Pfc. Benjamin Caviness a Heidelberg Soldier from Los Angeles.

In the video, Caviness plays the JCAHO Enforcer, a character who is ever present in the hospital, ready to quickly dispense fierce and painful punishment on any would-be JCAHO standard trespassers.

Although a mild-mannered hobby musician working in the hospital's outpatient records office, Caviness is a terror in the video, never offering a JCAHO standards offender the slightest leeway or slack.

"It's true; people notice me more now," stated Caviness. "I am more recognized. This role has definitely brought me more into the limelight."

Being a musician helps his stage presence. "I liked doing the role," commented Caviness. "When you mention JACHO here at work, people tend to freeze up and get uptight right now. Everyone has been preparing for a long time. So we needed to do something to help loosen everyone up on the subject," explained Caviness. "And, to my surprise, we did learn a little more about the whole JCAHO process while doing the filming. Doing the video taught me more about how tough standards are for places like Patient Administration Division, the Pharmacy, and other clinics."

"It was all done in good fun," explained Caviness. The volunteer production team, under the direction of Riley, worked feverishly to get the video ready for the Dec. 10 showing at the hospital's holiday ball. The aim was to premier the video to the largest audience in its first showing. The intent was also to provide a light-hearted moment at the ball so all could share laughs together while reflecting on a major ongoing project for the hospital.

"Now, to be fair, I was not Lieutenant Riley's first pick for the role," stated Caviness. "The first pick was a lot bigger and huskier. But he wasn't interested, and they thought of me. They needed a voice and big personality, someone not afraid



Photo by Charles Ward, H-MEDDAC Public Affairs

**Pfc. Benjamin Caviness (right) and Spec. Gary Despres collaborate with one another at Heidelberg hospital's Outpatient Records. In the JCAHO Enforcer video Caviness catches Despres in an infraction and provides swift physical corrective measures to emphasize the seriousness of JCAHO standards.**

to get right in the camera." The video is popular and in short supply. "A lot of people come to me and ask for a copy of it," stated Caviness. "So we are going to have to make copies. There are those who have not seen it but have heard about it, and they want the opportunity to see it, too."

Asked if the popularity demands a sequel, Caviness only laughs. "You would have to ask Lieutenant Riley," states Caviness. "If we do something again, we will need him in charge, and I think he'll want to lead it. If he wants to film again, I would look forward to being part of it. It's fun."

## ERMC



**"Caring for our nation's  
best" Medics Forward ...  
Any Mission, Anywhere!**



*Photo by Carl E. Burnett, 7th ATC TSC*

## ERMC conducts Change of Responsibility

The Europe Regional Medical Command welcomed Command Sgt. Maj. James E. Diggs on board as the senior enlisted noncommissioned officer in charge in a Feb. 10 ceremony held on Nachrichten Kaserne in Heidelberg, Germany. The outgoing command sergeant major, Command Sgt. Maj. Gregory Griffin, will report to Fort Bragg, N.C. as the hospital command sergeant major. The ceremony took place at Wilson Theater with senior leaders, Soldiers, friends and family members from ERMC and local units attending.

## Medical officers share career tips



*Photo by Phillip Tegtmeier, ERMC Public Affairs Office*  
Col. David Rubenstein, commander, 30th Medical Brigade, Heidelberg, shares his thoughts on how officers can plot their own careers during a quarterly meeting of the Heidelberg area Silver Caduceus Society. The meeting, held Feb. 15 at the community club on Nachrichten Kaserne, focused on helping society members take charge of their own military careers.



## ERDC announces NCO and Soldier of the Year 2004

**Story and photos by  
Staff Sgt. Kelly Bridgwater  
ERMC Public Affairs Office**

The week of Feb. 6-11 The Europe Regional Dental Command held the competition for the ERDC Noncommissioned Officer (NCOY) and Soldier of the Year (SOY) 2004.

The event took place in Heidelberg Germany with three NCOs and three Soldiers competing. Only one would win from each category. The ERDC NCOY is Staff Sgt. Danielle L. Font, Landstuhl Dental Activity, Vicenza. The SOY is Spc. Fernando Venegas, Heidelberg Dental Activity.

The tough competition included taking the Army Physical Fitness Test, conducting day and night Land Navigation, Weapons Qualification, a road march and a written exam. The candidates worked hard throughout the week and were honored with a ceremony at the Patrick Henry Village Pavilion Feb. 11 where the winners were announced.



**The Europe Regional Dental Command NCO and Soldier of the Year. (right) Staff Sgt. Danielle L. Font, Landstuhl Dental Activity, Vicenza, and Spc. Fernando Venegas, Heidelberg Dental Activity.**



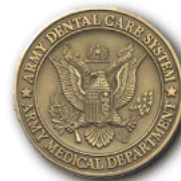
**The winners of the ERDC NCOY and SOY competition cut the ceremonial cake after the awards presentation Feb. 11 at the Patrick Henry Village Pavilion. From left to right are, Sgt. Maj. Mack A. Byrd, ERDC, Staff Sgt. Danielle L. Font, Landstuhl Dental Activity, Vicenza and ERDC NCOY; Spc. Fernando Venegas, Heidelberg Dental Activity and ERDC SOY; and the ERDC commander, Col. Michael F. Cuenin.**



**Candidates competing for the Europe Regional Dental Command NCO and Soldier of the Year take off on their two-mile run during the Army Physical Fitness Test. The candidates also took part in weapons qualification, a road march and a written exam.**

*Photo courtesy U.S. Army*

## ERDC



### ERDC Mission

**The ERDC team ensures the dental readiness and deployability of the forward deployed military force in US Army Europe ... 36 clinics throughout Germany, Italy and Belgium.**

[www.erdch.healthcare.hqusa.army.mil](http://www.erdch.healthcare.hqusa.army.mil)

# Ready to take Army nursing into the future

**By 1<sup>st</sup> Lt. Willette Balsamo  
Heidelberg Hospital**

On Feb. 2 the Army Nurse Corps celebrated its 104th anniversary in the proud tradition of a reception with cake cutting by saber on Nachrichten Kaserne, Heidelberg, Germany.

Colonel Anita McCowen, deputy commander for nursing, Col. David Krieger,, Heidelberg hospital commander, Col. (retired) (Dr.) Terris Kennedy, and 2<sup>nd</sup> Lt. Keisha Jones performed the honors as they cut the celebration cake together. The ceremony began with a promotion of 1st Lt. Francis Agyapong to the rank of captain.

The events of the week celebrated and reviewed the many accomplishments over the years, but the focus was this year's anniversary motto, "Ready to take Army nursing into the future." The week's celebrations reached their highpoint the evening of Feb. 4 with a dinner at the Spanferkelhof in Heidelberg. McCowen, presented the opening remarks for all in attendance, including nurses and staff from Heidelberg hospital's nine outlying clinics.

First Lt. Sean Riley was chosen to speak on behalf of the younger nurses, and he provided an enjoyable speech as well as a touching ap-

peal to remember all Army nurses and their patients currently downrange. A slide show of the history of the Army Nurse Corps highlighted the proud traditions, with special emphasis on the corps' inception Feb. 2, 1901. The show included the present with scenes from Iraq and Afghanistan.

Heidelberg Hospital's Chaplain, Maj. Bart Physioc, delivered an inspiring invocation before dinner. After dinner, the guest speaker, Kennedy, spoke of past and present challenges faced by the corps. During Kennedy's career, she held leadership positions at every level of the Army Medical Department, including her final assignment as Assistant Chief of the Army Nurse Corps in the Office of the Army Surgeon General.

In keeping with tradition, ceremonies concluded with the singing of the Army Nurse Corps song. This was led by Maj. Robin Villiard, chief of Heidelberg hospital's Mother Baby Unit. A fashion show of future corps uniforms was then enjoyed by all. Closing remarks were delivered by Krieger, the Heidelberg hospital commander. Throughout the night, all in attendance reaffirmed the corps' commitment to its motto, "ready, caring, and proud."

## H-MEDDAC



### **Mission:**

**To ensure medical readiness while providing quality, integrated healthcare.**

### **Vision:**

**To be the most compassionate healthcare team, committed and responsive to the needs of the community.**

## LRMC



## Landstuhl welcomes reserve Soldiers

By Spc. Christopher T. Goodman  
Landstuhl Regional Medical Center Public Affairs Office

Some 254 Reserve Soldiers from Utah's 328<sup>th</sup> Combat Support Hospital arrived at Rhein Main Air Base Feb. 3 to replace reserve Soldiers from the 349<sup>th</sup> General Hospital in Los Angeles, many of whom soon will be leaving Landstuhl Regional Medical Center.

The new group arrived after the nine-hour flight looking refreshed and relaxed and well, happy to be in Germany. It was a stark image of duty first, made by Soldiers who up and left family, careers and degrees on hold.

"I am leaving behind a husband of six years and a five-year-old son," said Capt. Tina Daniels, who will be a personnel officer at LRMC. "My biggest disappointment will be missing his first year of kindergarten."

In the civilian world, Captain Daniels is a microbiologist in pursuit of a Ph.D. in virology. The degree, along with her family, will have to wait.

"It's difficult to put my life on hold, but this is a once in a lifetime chance to serve my country," she said. "Fortunately, I go to a lot of professional conferences, so this is not my first time away from home," she said. "My son has had time to assimilate the concept of my leaving. He knows it's not goodbye, but more of a see you later concept."



Photo by Spc. Todd Goodman LRMC Public Affairs

**1st Lieut. Alihigai Brownfield, a registered nurse with the 328th Combat Support Hospital in Utah, carries his bag and makes his way Thursday evening from the Rhein Main Air Base terminal to the Kaiserslautern Military Community where he will work at Landstuhl Regional Medical Center.**

Another concept was to come to LRMC, help heal wounded patients and hope that the family farm doesn't go down the tubes during the deployment. Such is the case for at least one new reserve Soldier.

"It's kind of a hardship for me," said First Lt. Justin Heinle, an Intensive Care nurse at LRMC and a North Dakota farmer at home. "My biggest worry is that things are going to fall apart on the farm while I am here. My dad and brother are really going to have to pick up the slack."

The problem is that Heinle is the farm's resident technical expert. Running a farm has become much more computer driven than in days past. All of his tractors run on global positioning systems, which he programs and controls. He also performs all of the farm's soil testing and handles all of the government paperwork.

Government paperwork had him in a tizzy all the way up to his plane's departure. Rules state that a farmer must physically labor on his farm in order to receive government subsidies. His deployment was going to take him away and subsequently, his financial aid. Just hours prior to takeoff, a waiver was approved to keep his aid coming in his absence.

"I was so nervous," he said. "If I didn't get those subsidies to help the farm's cash flow .... it just wouldn't work."

In addition to the farm worries (he already has hired two full-timers to replace himself), the young lieutenant got married Dec. 22, 2004. The marriage was rushed, hastened by his looming deployment. He will, however, make amends upon his return.

"When I get back home, I'm going to have a big, fancy wedding," he promised.

For Pfc. Rebecca Bennett of Salt Lake City, Utah, coming to LRMC means new opportunities.

"I am kind of nervous," she admitted. "At home I worked in home health care pediatrics. I've never worked in a hospital. Although it will be a change, I think it's going to be a welcome change."

# Medical Service Corps officers hold meeting

**By Spc. Todd Goodman, LRM Center Public Affairs**

A 40-person group of doctors and medical service corps officers met Feb. 10 at the Rosenhof Hotel in Landstuhl to discuss the future of military health care. The future of military health care can be summed up in one word – change.

To see how much change has taken place, one need only look to the past. In days past, patients were not as knowledgeable about health care. Nowadays, patients walk into the pharmacy and say, “I was checking on the Internet about this particular medication and want more information on .....,” said guest speaker Col. David Rubenstein, commander of the 30<sup>th</sup> Medical Brigade and governor of the American College of Health Care Executives.

“I won’t mention the leeches and bleeding,” he joked with Landstuhl Regional Medical Center Commander Col. Rhonda Cornum.

Today, patients can swallow what is called a one-inch gut pill that will shoot pictures of their insides, thus allowing physicians to see any problems without making an incision. Technological advancements make it easier for physicians to care for patients. In some cases, patients are treated without ever seeing a doctor. That is another big change in the structure of health care.



**Photo by Sgt. Joe Battle, LRM Center Public Affairs**

**Colonel David Rubenstein, commander of the 30<sup>th</sup> Medical Brigade and governor of the American College of Health Care Executives, speaks to a large group of doctors and Medical Service Corps officers during a discussion on the future of military medicine Feb. 10 at the Hotel Rosenhof in Landstuhl.**

“More and more frequently we are getting non-physicians to do what traditionally had only been performed by doctors,” said Rubenstein. “This is happening because of the rise in nurse practitioners and physician’s assistants.”

This trend poses its own problem. How does an organization sell this idea to its beneficiaries, many of whom traditionally have seen only doctors?

“Through costs,” said Cornum. “If you want to pay a ton of money each year in health care insurance then you can see whomever you want. If not, then you will see the person we provide for you.”

“I think you do it through specialty licenses,” said Lt. Col. Michael Neary, a LRM Center podiatrist. “Seeing an orthopedic physician’s assistant who does nothing else but orthopedic work will give patients a greater sense of trust and security.”

The group also discussed how to think outside of the box and better ways with which to lead – for instance, overcoming the fear of failure.

“If you have no risk of failure, you are operating at the status quo,” said Capt. Rusty Nail, Medical Resource Management flight commander of the 435<sup>th</sup> Medical Group, Ramstein. “Civilian medicine is moving forward and military medicine must move forward as well or the government will contract out everything.”

Lots of people are happy with the status quo. If they can get through their day without upsetting that balance, then they view the day as a success. Breaking out of that mentality is critical to improvement, said Colonel Rubenstein.

“We have to align our vision with our employees and make it important to them,” he said. “We must make it personal to them and establish a sense of urgency.”

“The medical profession is not static,” said Colonel Rubenstein. “It’s dynamic and the engine of our profession is a curious animal. We always want to make things better and take our knowledge further.”

Medical conferences and discussion groups like this one go a long way toward spawning new ideas and ways to improve on a constantly changing service.

**LRMC**





## TFMF



**Provide level III combat health support to Multinational Brigade-East and Multinational Brigade-Central.**

**Sustain or improve the training level of all medical MOS Soldiers assigned to Task Force Medical Falcon and Task Force Falcon.**

**Promote transition of healthcare to civil authorities.**

[www.tfmedfalcon.hqusa.army.mil](http://www.tfmedfalcon.hqusa.army.mil)

## New Task Force Medical Falcon arrives at Camp Bondsteel

**By Capt. Rudy Hernandez  
Task Force Medical Falcon**

While welcoming the newly arrived Task Force Medical Falcon (TFMF) XI, TFMF X in-briefed lessons learned from the past six months. Assisting TFMF XI with handouts and slide shows, TFMF X explained the ups and downs of being deployed to Camp Bondsteel, Kosovo, aiming for a smooth transition.

Task Force Medical Falcon X met their counterparts Jan. 25th in nearly a foot of snow with flurries still coming down. They were warmly greeted with hot coffee and snacks. The members received assistance with baggage and orientation to the camp.

The incoming Soldiers were eager to meet their counterparts so they could learn their individual jobs and see how well their sections work. To ease the transition each section began left-seat, right-seat training the next day. When asked how the transition was going, 1st Lt. Katrina Seale, the Headquarters and Headquarters Detachment commander, said "The transition is going quite smoothly. TFMF X had a great training plan for us to fall in upon."

Sergeant Timothy Brown, an orthopedic technician stated "The transition is excellent, I am looking forward to the mission and am still learning all the paperwork that goes along with being the noncommissioned officer in charge of a section."



*Photo courtesy US Army*

**Task Force Medical Falcon XI receives a snowy welcome by Task Force Medical Falcon X at Camp Bondsteel, Kosovo.**

TFMF XI feels very confident that their counterparts have trained them well and that they will be fully operational shortly. The members of TFMF XI are learning the ins and outs of being deployed to Camp Bondsteel. Everyone is pleased with the camp and the facility, especially the ice cream bar. The task force is anxious for the mission and looking forward to the Transition of Authority, but can't wait for the spring thaw.

Task Force Medical Falcon XI is comprised of the 332<sup>nd</sup> Medical Brigade, Nashville Tenn., the 1207<sup>th</sup> U.S. Army Hospital, Fort Benning, Ga., the 1848<sup>th</sup> PM Detachment, Seattle, the 427<sup>th</sup> Fort Gillem, Forrest Park, Ga., the 40<sup>TH</sup> Division, Montebello, Calif., and the 7226<sup>th</sup> in Fort Jackson, S.C.

# Division-Wide Screening in Action

Article submitted by  
U.S. Army Medical Research Unit-Europe

United States Army Europe's (USAREUR) new 90 to 120 day post-deployment psychological screening program was put to the test recently in a division-wide screening of 1<sup>st</sup> Armored Division (1AD) Soldiers. The 90-120 day psychological screening program, developed by the U.S. Army Medical Research Unit-Europe (USAMRU-E), an overseas laboratory of the Walter Reed Army Institute of Research, was implemented across the 1AD from Nov. 15 to Dec. 15, 2004.

## The new short screen

The new screening procedure begins with a one page survey (front and back) that addresses symptom-related questions. "The screening form assesses five major clinical areas - depression, post-traumatic stress, alcohol problems, relationship problems, and anger problems. The goal in developing the screen was to use a small number of items for each clinical area so that Soldiers would not have to fill out a long survey and so it would be quick to score," said Dr. Kathleen Wright, chief of the psychological screening research program at USAMRU-E. These clinical dimensions were selected based on structured clinical interviews conducted with 1,486 Soldiers in USAREUR.

After the screen is scored on-site by a medical technician, Soldiers exceeding cut-off criterion are then referred for a more thorough assessment to determine their need for mental health services. "All screens need to reach a balance between identifying those who need help and not overloading the medical system with false positives - Soldiers who for some reason score high on the survey but who do not really need follow-up," said Lt. Col. Paul Bliese, commander of the USAMRU-E.

The cut-off values for each clinical dimension were based on results from validation studies with Soldiers going to or returning from Iraq. In these studies conducted by USAMRU-E, mental health clinicians interviewed Soldiers without knowing how the Soldiers scored on the survey. Results from the interview were then compared to results from the survey, a process which allowed the best items on the survey to be selected. The first study was conducted with a deploying battalion of Soldiers from the 1st Infantry Division in January 2004. The second study was a post-deployment screen involving Soldiers from the Southern European Task Force in February and March of 2004.

"Based on these validation studies, the short screening form was developed and screening procedures were altered to streamline the process so it could be implemented on a large scale," said Wright. A complete report describing the

findings that led to the short form is available on the unit's web-site at [www.usamru-e.hqusareur.army.mil](http://www.usamru-e.hqusareur.army.mil).

## Division Leads the Way

By December 2004, the 1AD had completed screening almost all those Soldiers who had deployed to Iraq and who were still with the division. The 1AD's division surgeon's office oversaw the implementation of the screening program. The screening was conducted by medical assets within the division with support from USAMRU-E and the Europe Regional Medical Command. Roughly 92 percent of those who deployed to Iraq with the 1AD were screened. The majority of those Soldiers requiring follow-up mental services reported problems with anger, marital conflict, and depression.

Follow-up research is planned by USAMRU-E to refine the screen further, making certain scales more effective and checking the need for additional items on sleep problems. "By conducting this kind of research, we can be sure we are providing Soldiers with screening tools that work. The goal is to help Soldiers get the services they need early on," said Bliese.



**Post-Deployment Psychological Screen Short Form**  
Version August 2004

Psychological screening is a mandatory 1<sup>st</sup> Armored Division program to match soldiers with behavioral health and counseling services. Your responses may result in a behavioral health referral.

**Privacy Act Statement**

- 1) Authority: 10 U.S.C. Sections 1136 and 1174f
- 2) Principal Purpose: The information you provide may result in a referral for behavioral health care. The requested information is required due to the need to document all active duty medical incidents in view of future rights and benefits. Personal information will facilitate & document your health care. Social Security Number (SSN) is required to identify and retrieve health records. If requested information is not provided, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. Your signature merely acknowledges that you have been advised of the foregoing.
- 3) Routine Uses: Responses to this survey will guide possible referrals to behavioral health care specialists.

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

CONTACT INFORMATION	UNIT INFORMATION	RANK	MARITAL STATUS
Phone #: _____	Platoon: _____	AGE: _____	Single <input type="radio"/>
Company: _____	GENDER: _____	Female <input type="radio"/>	Married <input type="radio"/>
Call phone #: _____	Battalion: _____	Male <input type="radio"/>	Separated <input type="radio"/>
			Divorced <input type="radio"/>
			Widowed <input type="radio"/>

**A. OVER THE LAST 3 WEEKS, how often have you been bothered by any of the following problems?**

	NOT AT ALL	FEW OR SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thoughts that you would be better off dead or hurting yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Rate the following statements about your spouse (if legally married) or your significant other (if in serious relationship).**

☐ Not in a serious relationship and not legally married (Skip to Section C on the back of the page)

1. Are you having marital or relationship problems? YES ☐ NO ☐

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Our relationship is strong.

☐ ☐ ☐ ☐ ☐

Courtesy U.S. Army

**Front page of the 90-120 day Post-Deployment Psychological Screen – Short Form.**





...People will remain the  
centerpiece of all we do—  
Soldiers, civilians,  
retirees and veterans...



**ERMC**

***"Caring for Our Nation's Best"  
Medics Forward ... Any mission,  
Anywhere!***

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## Landstuhl cheers a great American tradition



Photo by Sgt. Joe M. Battle, Landstuhl Regional Medical Center Public Affairs

***Lt. Col. Michael T. Neary, a Landstuhl Regional Medical Center (LRMC) podiatrist and rabid Philadelphia Eagles fan, pumps up the crowd at the LRMC Dining Facility Feb. 6 by leading the group through a cheer in which he spells the team's name. More than 200 staff members and patients gathered in the dining hall to eat pizza and watch the Super Bowl. American Forces Network was on hand to supply a feed of patients and staff enjoying the game to Fox Sports, which was shown after the game.***

The US Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the US Army Medical Command, headquartered at Fort Sam, Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 30 healthcare facilities in Germany, Italy and Belgium.